

EXHIBIT 12

Customer's Legal Name (Bill to) TEANIGRAPHIX AWARD OWNED
 Name Overflow (if needed) SUBSIDIARY OF PHOENIX COLOR CORP
 Street Address 22977 EABLEWOOD CT
 Box#/Routing _____
 City, State STERLING, VA
 Zip Code 20166
 Tax ID# _____
 Customer Name (Install) PHOENIX COLOR CORP
 Name Overflow (if needed) _____
 Installed at Street Address 18249 PHOENIX DR
 Floor/Room/Routing _____
 City, State HAGERSTOWN, MD
 Zip Code 21742
 County Installed In _____
 Customer Requested Install Date 8/30/99

Check all that apply
☒ Tax Exempt (Certificate Attached)
☐ Assoc./Coop. Name: _____
☐ Negotiated Contract #: _____
☐ Attached Customer P.O. #s: _____ Supplies: _____
 Sale: _____ Maint.: _____
☐ State or Local Government Customer
☐ Replacement/Modification of Prior Xerox Agreement
 Agreement covering Xerox Equipment Serial# (or 95#): _____
 is hereby ☐ modified ☐ replaced. Effective Date: 8/30/99
 Comments: _____
☐ **Installment Sales Information** Total Int. _____
 Install. Sale Term: _____ mo. Int. Rate: _____ % Payable: \$ _____
☐ Prepaid Invoice: _____ months
☐ Refin. of Prior Agrmt.: ☐ Xerox (95#): _____ ☐ 3rd Party Eq.
 Amt Refin: \$ _____ Int Rate: _____ % Total Int Payable: \$ _____
☒ **Maintenance Information**
 Maintenance Term: 60 months
☐ Supplies included in Base/Print Charges

Cash Sale/Installment Sale - Payment Information

Product (with serial number, if in place equipment)	Qty	Prev Install	Fin'l Interm	Cust Install	Warr # mo	List Price (Total)	Down Payment	Total Discount (Inc. Trade-In)	Net Price (Total)
<u>DOCUSMETER 6180</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
\$ <u>0</u> MONTHLY INSTALLMENT SALE PAYMENT (excl. of applic. taxes)									

Maintenance Agreement Price Information

☐ Adjustment Period (Maintenance Agreement Only)

Period A - Mos. Affected:				Period B - Mos. Affected:			
Monthly Base Charge	\$ <u>1315</u>	Monthly Base Charge	\$	Monthly Base Charge	\$	Monthly Base Charge	\$
Print Charge Meter 1:		Print Charge Meter 1:		Print Charge Meter 1:		Print Charge Meter 1:	
Prints 1 -	\$	Prints 1 -	\$	Prints 1 -	\$	Prints 1 -	\$
Prints -	\$	Prints -	\$	Prints -	\$	Prints -	\$
Prints -	\$	Prints -	\$	Prints -	\$	Prints -	\$
Print Charge Meter 2:		Print Charge Meter 2:		Print Charge Meter 2:		Print Charge Meter 2:	
Prints 1 -	\$	Prints 1 -	\$	Prints 1 -	\$	Prints 1 -	\$
Prints -	\$	Prints -	\$	Prints -	\$	Prints -	\$
Mo. Min.# of Prints (based on Meter 1 Print Charges)		Mo. Min.# of Prints (based on Meter 1 Print Charges)		Mo. Min.# of Prints (based on Meter 1 Print Charges)		Mo. Min.# of Prints (based on Meter 1 Print Charges)	

☐ Purchased Supplies ☐ Cash ☐ Financed ☐ Contract#

Reorder #	Qty	Description	Price
			\$
			\$
			\$
			\$
			\$
		Total Price =	\$

☐ Trade-In Allowance Final Principal Payment#

Manufacturer	Model/Serial #	Allowance
		\$
		\$
		\$
		\$
		Total Allowance =
Total Allowance Applied to:		\$
<input type="checkbox"/> Trade-In Equipment Balance		\$
<input type="checkbox"/> Price of Replacement Equip.		\$

☐ Application Software

Software Title	Initial License Fee	Annual Renewal Fee
	<input type="checkbox"/> Cash <input type="checkbox"/> Finance	<input type="checkbox"/> Support Only
	\$	\$
	\$	\$
	\$	\$
Total Initial License Fees =	\$	

☐ K-16 Billing

Suspension
 (check 1 as required)

Months affected

☐ June only

☐ July only

☐ August only

☐ June - July

☐ July - August

Additional Options (check all that apply)

☐ Run Len

☐ Per-Foo

☐ Extende

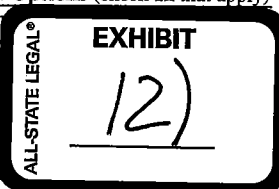
☐ Descrip

☐ Comp. I

☐ Std. Ma

☐ Attache

form# _____



Agreement Presented By:

Name BRUCE NUSBAUM Phone 202 962 7476

Xerox Corporation - Acceptance By:

Name _____ Date _____

Signature _____

Form 51858 (10/97)

Customer:

Name DONALD THER Phone 703 834-1111

Title VP PHOENIX COLOR Date 8/26/99

Signature _____

